Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FLAGLER DEVELOPMENT GROUP, LLC

Account Number : I20020000144 Phone : (305)520-2344 Fax Number : (305)520-2400

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email 1	Address:	
LINGIA	Audi (237)	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FDG RAIL HOLDINGS 29 LLC

Certificate of Status	0
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COVER LETTER

Division of Corporations		
SUBJECT: FDG RAIL HOLDIN	NGS 29 LLC	
	imited Liability Comp	any
Dear Sir or Madam:		
The enclosed application, certificate and fee(s) are	submitted for filing.	
Picase return all correspondence concerning this n	natter to the following:	
KOLLEEN COBB		2019 KAY
Name of Person		
		1507 2
Firm/Company		
700 NW 1ST AVE, SUITE	1620	
Address		
MIAMI, FL 33136		
City/State and Zip Code		
KOLLEEN.COBB@FECI.	СОМ	
E-mail address: (to be used for future annual re		
The Control of Committee of the control of the cont	ogga call:	
For further information concerning this matter, ple BRIANNA HERNANDEZ		-2300
Name of Person	· (ne Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Registr Divisio P.O. Be	ING ADDRESS: ration Section on of Corporations ox 6327 assee, Florida 32314
Enclosed is a check for the following amount: \$\begin{align*}	S55 Filing Fee & Certified Copy	S60 Filing Fce, Certificate of Status & Certified Copy
CR2F055 (9/15)		

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company			of the Florid	a Department of		
State: FDG RAIL HOLDIN	IGS 29	LLC	-			_
Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		700 NW 1	st Avenu	ie, Suite 1620		20,1
		Miami, FL	. 33136			2019 HAY -
Enter new mailing address, if applica (Mailing address MAY BE A POST OFFICE BOX)	ble:	700 NW 1 Miami, FL		e, Suite 1620	13-4 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	2 BM 11: 02
2. The Florida document number of t	his limited	liability company	is: M0700	00007358		_
3. Jurisdiction of its organization: 4. Date authorized to do business in SECTION II (5-9 complete only the 5. New name of the limited liability (If name unavailable, enter alternate a copy of the written consent of the marnust contain "Limited Liability Com 6. If amending the registered agent as	Florida: 12 e applicable company: (m name adopt magers or n pany," "L.1	ie changes) ust contain "Limi led for the purpose nanaging memberC." or "LLC.")	ted Liability c of transactions adopting th	e ajtemate name. In	a and attac c alternate	h a name
registered agent and/or the new regis	tered office	address here:				
Name of New Registered Agent:		1st Avenue,	Suite 16	 20		
New Registered Office Address:			Enter Flo	rida Street Address		-
	V	Miami		, Florida 33	136	
		(City	2	Zip Code	
New Registered Agent's Signature, if hereby accept the appointment as rethe provisions of all statutes relative and accept the obligations of my post document is being filed to merely refliability company has been notified in	egistered ay to the prop ition as reg lect a chan	gent and agree to er and complete p istered agent as p ge in the registere	act in this co performance i provided for i	of my auties, and 1 a n Chapter 605. F.S.	m jaminar Or, if this	WIII

8. If the amendmen	t changes person, title or capacity in	accordance with 605.0902 (1)(e), indicate that	t change:
Title/ Capacity	Name	Address	Type of Action
			DAdd
			Remove
			2069 KAY
			Remove
	.		Add:
			Remove
		<u>-</u>	
			Remove
			Add
			Remove
aforementioned a	r the law of which this entity is org	by the official having custody of records in th	e

Filing Fee: \$25.00